			c .:	Disclosure Report Cover							
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.											
1. Committee Information											
a. Full Name	mormation				Personal Property Page	c. ID Number					
The Com		HJMAOR									
b. Mailing Address		d. Date Filed									
b. Mailing Address (include City, State and Zip Code)  1318 Sount Andrews Dr.						10/22/19					
		e. Phone Number									
Monroe,		(704) 989-6371									
2. Report Year	3. Period Start	Date (mm/dd/yy)	4. Period En	d Date (mm/dd/yy)	5. Treasure	r Full Name					
2019	10/01 09/2	5/19	10/21/	19	Myles Be	mamin GAFAH Kuly					
	nmittee (Check C					rt from one category)					
Candidate Can	AND THE PERSON NAMED IN		ınicipal	State/County		Referendum					
PAC		erendum		Organizati	ional	Organizational					
Legal Expense	xpenditure  Join	t Fundraiser		Quarterly First		Pre-referendum Final					
Legal Expense	Fund	_	Pre-election	Seco	nd	Supplemental Final					
7. Type of Fund	d (if applicable,		A Section 1999	Third		Annual					
Booster Fund			Semi-annual	Four		Special					
Building Fund		l_	Mid Year	Semi-annu	ıal	_					
			Year End	Mid	Year	10. Special Report Name					
Other:			Final	☐ Year	End	•					
8. Number of F	undraisers this	Report	Special	☐ Final							
0		O Special									
11. Account Information 11. Account Information											
11. Account In	formation		1		nation						
11. Account Int a. Financial Institu											
				1. Account Inform							
		c. Account Code	а	1. Account Inform		c. Account Code					
a. Financial Institu Wells Fo b. Purpose	ation Full Name	c. Account Code	а	1. Account Inform . Financial Institution		c. Account Code					
a. Financial Institu Wells Fo b. Purpose	ation Full Name	01	a b	1. Account Inform . Financial Institution							
a. Financial Institu Wells Fo	ation Full Name	c. Account Code  Ol d. Period Begin B	b Salance	1. Account Inform . Financial Institution		c. Account Code  d. Period Begin Balance					
a. Financial Institu Wells Fo b. Purpose	ntion Full Name	d. Period Begin B	b Salance	1. Account Inform . Financial Institution		d. Period Begin Balance					
a. Financial Institution  Lells For the Boundary of the Company of	ntion Full Name	0   d. Period Begin B \$ 25,00	b Salance	1. Account Inform . Financial Institution . Purpose	Full Name	d. Period Begin Balance					
a. Financial Institution  Letter 15  b. Purpose  Campaign  Financial  CERTIFICATI  I certify that the	ION Committee or Fur	d. Period Begin B \$ 25,00	balance	1. Account Inform . Financial Institution . Purpose able provisions of Ar	Full Name	d. Period Begin Balance \$					
a. Financial Institution  Letter 1  b. Purpose  Campaign  Financial  CERTIFICAT  I certify that the of the NC Gene	ION e Committee or Fur	d. Period Begin B \$ 25.00  and is in compliance to no funds are co	balance  The with all applic mmingled with part of the second control of the second cont	1. Account Inform . Financial Institution . Purpose able provisions of Ar	Full Name ticle 22A, 22F n-disclosed fu	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163					
a. Financial Institution  Letter 1  b. Purpose  Campaign  Financial  CERTIFICATI  I certify that the of the NC Gene	ION e Committee or Fur	d. Period Begin B \$ 25.00  and is in compliance to no funds are co	balance  The with all applic mmingled with part of the second control of the second cont	1. Account Inform . Financial Institution . Purpose able provisions of Ar	Full Name ticle 22A, 22F n-disclosed fu	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163					
a. Financial Institution  Letter 1  b. Purpose  Campaign  Financial  Campaign  Campaign  CERTIFICATI  I certify that the of the NC Gene report is completed.  Myles	ION Committee or Fureral Statutes and that ete, true and correct Kuly	d. Period Begin B \$ 25.00  and is in compliance at no funds are coeft and that I have be	be with all applic mmingled with propen trained by the	able provisions of Ar prohibited or other no the NC State Board of	ticle 22A, 22E n-disclosed fu Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163					
a. Financial Institution  Letter 1  b. Purpose  Campaign  Financial  Campaign  Financial  Campaign  Financial  Campaign  Financial  Campaign  Financial  Campaign  CERTIFICAT  I certify that the of the NC Gene report is completed to the property of the pr	ION Committee or Fur tral Statutes and that ete, true and correct Kuly Printed Name of Sign	d. Period Begin B \$ 25.00  and is in compliance at no funds are coeft and that I have be	be with all applic mmingled with propen trained by the	1. Account Inform . Financial Institution . Purpose able provisions of Ar	ticle 22A, 22E n-disclosed fu Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163					
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a. Financial Institution  Letter 1  b. Purpose  Campaign  Financial  Finan	ION Committee or Fureral Statutes and that ete, true and correct Luly Printed Name of Sign USE ONLY	d. Period Begin B \$ 25.00  and is in compliance at no funds are coeft and that I have be	te with all applic mmingled with poeen trained by the same and the sam	able provisions of Ar prohibited or other no he NC State Board of ature of Appointed Treas	ticle 22A, 22E n-disclosed fur Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this					
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a. Financial Institution  Letter 1  b. Purpose  Campaign  Financial  Campaign  Financial  Campaign  Financial  Campaign  Campaign  CERTIFICAT  I certify that the of the NC Gene report is completed by the second of the NC Gene report	ION Committee or Fureral Statutes and that ete, true and correct Printed Name of Sign USE ONLY  ved:  arked:	d. Period Begin B \$ 25.00  and is in compliance at no funds are coeft and that I have be	te with all applic mmingled with poeen trained by the semployee Employee	able provisions of Ar prohibited or other no the NC State Board of ature of Appoints Treasure:	ticle 22A, 22E n-disclosed fur Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this					
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a. Financial Institute  Local Section 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ION Committee or Fureral Statutes and that ete, true and correct Valy Printed Name of Sign USE ONLY wed:  arked: ed:  Entered:	d. Period Begin B \$ 25.00  and is in compliant at no funds are contrand that I have been been been been been been been be	ee with all applicemmingled with poeen trained by the Employee Employee Employee	able provisions of Ar prohibited or other no the NC State Board of Appointed Treasure:	ticle 22A, 22E n-disclosed fur Elections.	d. Period Begin Balance  \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this					

Amendment

Detailed Summary		Amendment  Yes No	
Use this form to summarize all disclosure reporting forms and  1. Committee Full Name (and Fund if applicable)	to total mor		3. ID Number
T 1 11 + -1 (11) 11	Pre-E	•	HJMA08
Start of Election Cycle: January 1, 2017		Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ 25.00	\$ 0.00
RECEIPTS		etyerren apataerenne ve od skol saksag s	andre de la companya de la companya Regione de la companya de la company
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources		想 在 日本 1000 1000 1000 1000 1000 1000 1000 1	
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 25.00	\$ 25.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 10.00	\$ 10.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 10,00	\$ 10.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 15.00	\$ 15.00
ADDITIONAL INFORMATION	753		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Disbursen	nents				Pg	of	Amendment  Yes No	
			tee for o	perating exp	penses, co		to candidate/political	
	coordinated party ex Full Name (and Fun						2. ID Number	
The Committee to Elect Myles Kuly							HJMA08	
3. Type of Dish	THE RESERVE OF THE PARTY OF THE	e use separate Ch	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	AND DESCRIPTION OF THE PARTY OF	each type	of Disburs	rement.)	
Operating Exp		ntributions to Candida					ated Party Expenditures	
4. Payee Inform	mation		9	Add	Remove			
a. Full Name, M	failing Address & Pl	none		b. Coordinate	ed Committ	tee Name	d. Comments	
(include city, state								
1.101/c E	amo 114							
WCIIS 19	190,100			c. Level Regi				
420 Mont	Wells Fargo, NA 420 Montgomen St. San Francisco, CA 94104				Federal County:			
San Franci	Sco, CA 9410	4		State		Municipality:	e. Election Sum to Date	
	,						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. 1	Required Remarks	
01	Draft	0		30/2019	9		Bank Fee	
	040(1)	-	01/	30/2011			Jank ree	
					\$			
4. Payee Inform				Add	Remove	POSITE.		
<ul> <li>a. Full Name, Mai</li> <li>(include city, sta</li> </ul>	ling Address & Phone			b. Coordinat	ed Committ	tee Name	d. Comments	
				c. Level Regi		County: Municipality:	\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount \$	k, l	Required Remarks	
					\$			
4. Payee Inform	mation			Add $\square$	Remove	alessay and		
	ling Address & Phone			b. Coordinat		tee Name	d. Comments	
(include city, sta	ate, & zip)			c. Level Regi		<b>cify)</b> County: Municipality:	e. Election Sum to Date	
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (	mm/dd/www)	j. Amount	lk 1	Required Remarks	
. Account Code	g. Form of Fayment	in rurpose code	i. Date (	mm/dd/yyyy)	\$	K. J	required remarks	
					\$			
5. Total only th	nis Page						18 10 00	
	L CRO-1310 Pages						\$ 10.00	
	n line 13a of Detailed Su	mmary Page CPO-11	00 if One	ratina Evnans	as)		6.0 00	
	n line 13b of Detailed Su					d Comm)	\$ 10.00	
	n line 13c of Detailed Su							
-	codes (List detailed	The second secon				EENLA.		
A* - Media	B* - Print			undraising	1	D - To And	other Candidate	
E - Salaries	F* - Equip			litical Party			ing Public Office Expenses	
I - Postage	J - Penalt			office Expen			tion to Legal Expense Fund	
O* Other	www.communities		A STATE OF THE PARTY OF THE PAR	To the second se			9	
* Codes requi	re detailed explana	tion in required 1	remarks	field (k)				